



# NATIONAL GUARD/LAW ENFORCEMENT RETIREMENT MEMBERSHIP APPLICATION

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 17874 (Rev. 03/05)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

**NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657**

**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

<b>PART A MEMBER INFORMATION (Your permanent record will be created as indicated in PART A )</b>			
Name (Last, First, Mi)		Social Security Number	
Maiden Name, if Applicable	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MO/DAY/YR)	
Mailing Address	City	State	Zip Code + 4
Spouse's Name (Last, First, Mi.)		Social Security Number	
Maiden Name, if Applicable	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MO/DAY/YR)	
<b>PART B TO BE COMPLETED BY MEMBER</b>			
<b>Section 1:</b> Are you covered under: <input type="checkbox"/> Teachers Fund for Retirement (TFFR) <input type="checkbox"/> N/A <input type="checkbox"/> Teachers Insurance and Annuity Association College Retirement Equities Fund (TIAA-CREF)			
Dates:		Employer:	
<b>Section 2:</b> Are you a: <input type="checkbox"/> Classified State Employee <input type="checkbox"/> Non-Classified State Employee (See Section 3 below) <input type="checkbox"/> Non-State Employee			
<b>Section 3: IMPORTANT NOTICE</b> All eligible employees of a participating employer must be immediately enrolled in the NDPERS' Defined Benefit plan. If you are a <b>non-classified state</b> employee you have 6 months from taking your new position to switch from the Defined Benefit Plan to the Defined Contribution Plan. If you elect to participate in the Defined Contribution Plan, you do not have the option to switch back to the Defined Benefit Plan. If you wish to elect to participate in the Defined Contribution Plan, you must complete a Defined Contribution Retirement Program Election (SFN 52170). Your election is irrevocable.			
<b>PART C MEMBER AUTHORIZATION</b>			
In accordance with the requirements of the North Dakota National Guard/Law Enforcement Retirement Plan, I make application for enrollment under the Plan. I understand that my membership will become effective immediately or at the attainment of age 18. I declare that the foregoing statements are full, true, and correct to the best of my knowledge and belief, and are subject to the laws and penalties governing any misrepresentation and fraud.			
_____ Member's Signature		_____ Date of Signature	
<b>PART D TO BE COMPLETED BY EMPLOYER</b>			
Name of Participating Unit		Department Number	
Address of Participating Unit (Street or Box)	City	State	Zip Code + 4
Membership Enrollment Date (MO/DAY/YR)	Gross Monthly Salary \$	<b>Contributions start with the first paycheck.</b>	
Classification (Check only one) <input type="checkbox"/> Permanent Employee(Mandatory Participation) <input type="checkbox"/> Classified State <input type="checkbox"/> Non-Classified State <input type="checkbox"/> Non-State <input type="checkbox"/> Elected Official (Optional Participation) Date Term Began: ____/____/____ <input type="checkbox"/> Appointed Official-List Appropriate Section of NDCC: _____(Mandatory)			
Title of Member's Position	Is this employee an hourly employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this member work less than 12 months per year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I certify that the information contained on this form is correct to the best of my knowledge and belief.</b> Please check the Social Security Number with employee's Social Security Card and submit "Designation of beneficiary" form SFN 2560 along with this form.			
_____ Authorized Agent Signature (Required)		_____ Date of Signature	

**ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS**

**PART A: MEMBER INFORMATION - TO BE COMPLETED BY AUTHORIZED AGENT OR MEMBER**

1. Enter all employee information as requested. Full name is important as the employee's file at NDPERS is created using this information.
2. If the employee is married, enter the name of the employee's spouse. If the new employee is not married, enter the words "Not Married." The spouse's social security number and spouse's date of birth must be included on the form.

**PART B: SUPPLEMENTAL INFORMATION**

1. Indicate if new employee is covered under Teachers Fund for Retirement (TFFR) or Teacher Insurance & Annuity Association-College Retirement Equities Fund (TIAA-CREF- ND Board of Higher Education), the dates of employment and the employer's name.
2. Indicate if new employee is a classified state employee, non-classified state employee, or a non-state employee. If the new employee is a **non-classified state** employee, please ensure that he or she carefully reads Section 3--it pertains to participation in the Defined Contribution plan versus the Defined Benefit plan.

**PART C: MEMBER AUTHORIZATION**

1. The new employee must sign and date the form. The employee's signature should reflect the name as entered in Part A.

**PART D: EMPLOYER DATA - TO BE COMPLETED BY AUTHORIZED AGENT**

1. Enter all agency data requested.
2. Enter the date the employee begins permanent employment fills an appointed or elected position. Retirement contributions must begin with the employee's first paycheck.
3. Enter the gross monthly salary.
4. Check the appropriate box indicating the classification of the new employee. If you check the elected official box, please indicate the date term began. (***Enrollment must occur within 6 months from date of election for non-state officials***). If you check the appointed official box, please indicate the Section of the North Dakota Century Code under which the new employee was appointed.
5. Indicate the employee's job title.
6. Indicate if the employee is an hourly paid employee.
7. Indicate if the employee is a seasonal worker (works less than 12 months a year).
8. The authorized agent must certify the accuracy of the information by signing and dating the form. **NDPERS cannot accept the form if someone other than the authorized agent signs it.**

***Please review form before submitting to NDPERS to ensure that ALL appropriate sections/boxes are complete.***

**FILING PROCEDURE:** Original to NDPERS – Please retain a photocopy for your records .